

# LETTERS to the Editor

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## Verminous Ophthalmia

TO THE EDITOR: The appearance of live worms in the cul-de-sac of people in the United States is not common. There are reports and literature concerning it, however, particularly in the west. This concerns a case where the live worms were picked up from the slit lamp examination in the office with an ultimate diagnosis that they were thelaziasis Californiensis. The importance of the report is the appearance of the face fly, which is a newcomer and bears the name of *Musca autumnalis*, which may increase the incidence of this problem.<sup>1</sup>

The worms had the appearance of a short lively piece of nylon fishing line about 10 mm long. There are reports of corneal scarring, but none was seen in this case. The potential for penetration into the host is known to exist, but ordinarily this has not occurred with this particular type of worm. The wild animals of the Sierra foothills are the host with flies being the vector. The treatment was simply to lift them mechanically from the eye.

Duke Elder reports that cocaine will poison the fly locally, eliminating the problem.<sup>2</sup> Thiabendazole 4 percent locally can be tried. Oral usage of the same medication may be a possibility. In this particular case they were not of great value when tried. Since the patient did not continue to return with more worms, thiabendazole has not been used. No pocket from which the worms appeared or into which they disappeared could be found anywhere, implying that these worms, which were immature, were residing loose or free in the conjunctival sac without penetrating into the subconjunctival or body host tissues.

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## REFERENCES

1. California Department of Public Health (Personal Communication)
2. Duke Elder—System of Ophthalmology, Vol VIII, 1965, p 416

## On the Performance of Electromyography (EMG)

TO THE EDITOR: Although the problem has not been acute on the West Coast until recently, there is a growing shortage of physicians trained to do EMGs and this shortage is becoming more acute. For instance at Rancho Los Amigos Hospital it has been difficult for several years to get any more than a small number of EMGs performed and the waiting period is long. In many instances, at this hospital, desired EMGs are not being performed at all.

Because of this shortage throughout the country, some physical therapists have become proficient in performing EMGs and they are providing this service. These EMGs are only performed upon referral from a physician.

A physical therapist is particularly appropriate to do this type of examination because of his strong background in anatomy and particularly in functional anatomy which in actual fact often surpasses many modern trained physicians. With special training this therapist's background is even more suitable. Throughout this recommendation it is the understanding that only those physical therapists particularly well trained and supervised by physicians knowledgeable in this technique would be used to perform these tests.

It should be noted that the United States Army and their centers and the United States Public Health Service Hospitals use specially trained physical therapists to perform EMGs. An orthopedic surgeon at Loma Linda University Medical Center used specially trained physical therapists for EMGs when he was in the Service and he states that their quality of work was exemplary.

It is common knowledge that a physician in a medical center in New York has three physical therapists doing EMGs in his department. It is further knowledge that a physical therapist has been doing EMGs in a county facility in California for several years.

Because some physical therapists in California have been doing nothing but EMGs for several years, any regulations that might inhibit them